

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

24210

File No. _____
Registered No. **6323**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. 1731
Township _____ Primary Registration District No. 6309
City St. Louis (No. Seacross Hospital)

2. FULL NAME

(a) Residence, No. 5459 Eichelberger St. 14 Ward.

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie Chamberlin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 26, 1873</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>9</u>	DAYS <u>11</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Salesman - 73</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Dry Goods 73</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Himself - 7 yrs.</u>	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis Tenn. 2</u>		
MOTHER FATHER	13. NAME <u>Samuel H. Chamberlin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
	15. MAIDEN NAME <u>Malenda Jones. -</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo. 1</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Jos. S. Chamberlin - 5459 Eichelberger</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery July 9, 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Shepard Funeral Home 1167-68 Hamilton Ave</u>		
20. FILED _____ 19 <u>32</u> <u>May E. Starnes</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7, 1932

22. I HEREBY CERTIFY that I attended deceased from June 30, 1932 to July 7, 1932
I last saw him alive on July 7, 1932. Death is said to have occurred on the date stated above, at 5:30 P.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Embolism Date of onset Suddenly
31
42A
930 / 8/1 / 1

Other contributory causes of importance:
Cardiac Hypertrophy Chronic 2 yrs.
Myocarditis. Valvular deg. 2 yrs.
Arteriosclerosis Nephritis Chronic

Name of operation no Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. Schiele, M. D.
(Address) 945 No Bldg
J. Schiele

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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